



Taking Action to  
Transform  
the Public's Health

# Annual Status Report

---

Number 1, December 2004

## *Healthiest Wisconsin 2010* Wisconsin Department of Health and Family Services

### **Introduction and purpose**

This is the first Annual Status Report from the Wisconsin Department of Health and Family Services (the Department) on progress in implementing *Healthiest Wisconsin 2010*, our statutorily mandated State Health Plan. The purpose of the annual updates is to improve communication between the Department and its partners related to the implementation of *Healthiest Wisconsin 2010* and to describe new initiatives that are underway.

### **Status reports from partners**

This Status Report focuses on *Healthiest Wisconsin 2010* activities that are being implemented under the leadership of the Department. While the Department embraces its pivotal role in providing statewide leadership to implement the plan, all of Wisconsin's public health system partners share responsibility for implementation. This shared responsibility exists between government and the public, private, nonprofit, and voluntary sectors. Thus, this Status Report reflects only a portion of the many activities related to *Healthiest Wisconsin 2010* that are currently underway around the state.

It is hoped that the Annual Status Report will provide a model for the Department's public health system partners to report the progress of their agencies and organizations in implementing *Healthiest Wisconsin 2010*.

### **Expected outcomes of the Annual Status Report**

An Annual Status Report will enable the Department and its many diverse partners to evaluate progress toward the goals outlined in *Healthiest Wisconsin 2010*, to look critically at what has been accomplished and what is underway, to help identify the programmatic gaps, and to see what modifications might be needed. With the help of these diverse partners, an ever-expanding group of organizations and individuals will be working to achieve the State Health Plan's overarching goals: promoting and protecting the health and safety of all; eliminating health disparities; and transforming statewide and local public health systems. Steady progress to attain these goals is critical in achieving the shared vision of "healthy people in healthy Wisconsin communities."

### **Scope of the 2004 Annual Status Report**

The 2004 Annual Status Report summarizes activities for the years 2002 – 2004. This report includes the following topics:

1. Lead accountability in the Department for the 16 priorities
2. Technical assistance and training using Mediasite Live broadcasts

---

*Reporting Progress for Wisconsin's 2010 State Health Plan*



3. Local public health system partnership database
4. Tracking the State Health Plan
5. Evidence-based practices
6. Evaluation of the three overarching goals
7. Mapping project
8. Communications plan
9. Wisconsin Public Health Council
10. State Health Plan resources and publications, including a new CD

## **Lead accountability in DHFS for the 16 priorities**

To ensure the integration of *Healthiest Wisconsin 2010* as a basic business practice into the Department's operations, accountability for implementation of *Healthiest Wisconsin 2010* has been established. Key responsibilities include but are not limited to: identifying evidence-based practices; conducting evaluations; developing policy; linking bureau programs to the priorities and services of the community partners; creating networks to share successes and solve problems; developing and tracking data; developing state-level and local partnerships; providing training, technical assistance, consultation, and leadership.

Lead accountability means providing leadership and resources to make certain the implementation objectives are on track and steady progress is made using science, strategic planning, quality improvement, collaborative leadership strategies, and matrix management strategies.

Several of the priorities are shared by multiple Bureaus in the Department. Implementation responsibility by bureau for both the Division of Public Health (DPH) and the Division of Disability and Elder Services (DDES), with the bureau director identified in parentheses, is as follows:

### **Infrastructure Priorities**

1. ***Integrated electronic data and information systems:***  
DPH Bureau: Health Information and Policy (Susan Wood)
2. ***Community health improvement processes and plans:***  
DPH Bureau: Local Health Support and Emergency Medical Services (Meg Taylor)  
DPH Bureau: Health Information and Policy (Susan Wood)
3. ***Coordination of state and local public health system partnerships:***  
DPH Bureau: Local Health Support and Emergency Medical Services (Meg Taylor)  
DPH Bureau: Health Information and Policy (Susan Wood)



4. ***Sufficient and competent workforce:***  
DPH Bureau: Health Information and Policy (Susan Wood)  
DPH Office: Office of Operations (Sharon Gehl)
5. ***Equitable, adequate, and stable financing:***  
DPH Bureau: Health Information and Policy (Susan Wood)  
Office of Operations (Sharon Gehl)

### **Health Priorities**

6. ***Access to primary and preventive health services:***  
DPH Bureau: Local Health Support and Emergency Medical Services (Meg Taylor)  
DPH Bureau: Community Health Promotion (Millie Jones)
7. ***Adequate and appropriate nutrition:***  
DPH Bureau: Community Health Promotion (Millie Jones)
8. ***Alcohol and other substance use and addiction:***  
DDES Bureau: Mental Health and Substance Abuse Services (Joyce Allen)  
DPH Bureau: Community Health Promotion (Millie Jones)
9. ***Environmental and occupational health hazards:***  
DPH Bureau: Environmental and Occupational Health (Thomas Sieger)
10. ***Existing, emerging, and re-emerging communicable diseases:***  
DPH Bureau: Communicable Diseases and Preparedness (James Vergeront)
11. ***High-risk sexual behavior:***  
DPH Bureau: Community Health Promotion (Millie Jones)  
DPH Bureau: Communicable Diseases and Preparedness (James Vergeront)
12. ***Intentional and unintentional injuries and violence:***  
DPH Bureau: Community Health Promotion (Millie Jones)
13. ***Mental health and mental disorders:***  
DDES Bureau: Mental Health and Substance Abuse Services (Joyce Allen)  
DPH Bureau: Community Health Promotion (Millie Jones)
14. ***Overweight, obesity, lack of physical activity:***  
DPH Bureau: Community Health Promotion (Millie Jones)



**15. *Social and economic factors that influence health:***

DPH Bureau: Health Information and Policy (Susan Wood)

**16. *Tobacco use and exposure:***

DPH Bureau: Community Health Promotion (Millie Jones)

**Technical assistance and training using Mediasite Live**

In 2005 the Department will launch at least 16 statewide Webcasts about *Healthiest Wisconsin 2010*. These interactive Webcasts are designed to engage existing partners; bring in new partners; describe evidence-based practices; provide updates from the Department and the field; identify and solve problems; and ultimately create a "learning community" around each priority. The Webcast schedule will be announced in January 2005.

Mediasite Live is state-of-the-art communication technology. It provides critical sustainable infrastructure to communicate with the *Healthiest Wisconsin 2010* partners live, using the Internet for interactive Webcasts. This capability will save resources by decreasing the need for travel to meetings and conferences. The Mediasite technology allows "streaming" of presentations in a "Live" or "On-Demand" setting, and captures audio, video and presentation material in a 24-hour, 7-days-a-week environment.

**Local public health system partnership database**

On November 12, 2004, the Division of Public Health released a *Local Public Health System Partnership Database*. Professor Susan J. Zahner, DrPH, RN, University of Wisconsin – Madison School of Nursing, conducted primary research on local public health system partnerships in Wisconsin during 2002 – 2003. Dr. Zahner updated data on these partnerships in 2004. The data are current through November 2004 and document 549 partnerships reported by 51 of the 74 local health departments that responded in the original partnership study. Local health officers provided the information.

The purposes of the database are to 1) help local and regional public health staff learn and share information about existing partnerships and collaborations throughout Wisconsin, 2) help local and regional staff identify possible entities for new partnerships, and 3) create a foundation for building upon this database as partnerships grow and change. While this is not a complete list of all partnerships between health departments and their communities in Wisconsin, it provides a "snapshot" of many existing partnerships around the state. This information is dynamic and ever changing, and will need to be updated over time.

To obtain an electronic copy of the partnership database, contact your local health officer, or Margaret Schmelzer, RN, MS, Director of Public Health Nursing and Health Policy, Bureau of Health Information and Policy, Wisconsin Division of Public Health, DHFS at 608-266-0877 or e-mail [schmemo@dhfs.state.wi.us](mailto:schmemo@dhfs.state.wi.us). To discuss the original



survey instrument and methods, contact Dr. Susan J. Zahner at 608-263-5282 or e-mail [sjzahner@wisc.edu](mailto:sjzahner@wisc.edu).

## Tracking the State Health Plan

In mid-January 2005, the Department will release a Web-based data system titled *Tracking the State Health Plan, 2010*. The tracking system will provide statewide data for indicators that measure progress toward meeting *Healthiest Wisconsin 2010* implementation objectives for the health priorities. Approximately 60 indicators will be reported, including the following for each indicator: 1) baseline data (usually for the year 2000), 2) years of data subsequent to the baseline as they become available, and 3) established 2010 targets. Wherever possible, indicator data will be provided by age and racial/ethnic groups. Users of the tracking system will be able to access data by indicator or by priority area.

The purpose of the tracking system is to provide a common set of data related to *Healthiest Wisconsin 2010* to the broadest possible range of data users. It is anticipated that these users will provide various interpretations and analyses of the data. Subsequent versions of the tracking system will include statewide data to measure the infrastructure priorities. Working together with local health departments and other advisors, the Department will also develop local measures to track progress toward meeting *Healthiest Wisconsin 2010* objectives.

For more information about the tracking system, contact: Patricia Guhleman, Chief, Policy Section, Bureau of Health Information and Policy, Wisconsin Division of Public Health, telephone 608-266-1347 or e-mail [guhlepa@dhfs.state.wi.us](mailto:guhlepa@dhfs.state.wi.us).

## Evidence-based practices for the infrastructure and health priorities

The Department, in collaboration with the Wisconsin Public Health and Health Policy Institute of the University of Wisconsin-Madison, is now compiling evidence-based practices for all of the *Healthiest Wisconsin 2010* health and infrastructure objectives. The evidence-based practice concept involves the development, implementation and evaluation of effective public health practices. It is defined as “the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of communities and populations in the domain of health protection, disease prevention, health maintenance and improvement” (Jenicek M., 1997; *Journal of Epidemiology* 7(4):187-197).

While the terms “evidence-based practices” and “best practices” are often used interchangeably, “evidence-based practices” are practices whose effectiveness has been confirmed by systematic research or expert consensus. “Best practices” are often public health programs that are believed to have been successful, but may have not been rigorously tested.

The purpose of using evidence-based practices is to assist the Department’s partners and staff in formulating effective strategies to achieve the *Healthiest Wisconsin 2010*



objectives. This ongoing effort includes, but is not limited to, the following methods: systematic literature reviews, meta-analyses, and reviews of expert consensus. Evidence-based practices and the extent to which they are supported by scientific evidence are being identified for each state health objective. The compilation of evidence-based practices will be available on the Department's Web site to help guide partners toward accomplishing the objectives set forth in the State Health Plan.

### **Evaluation of the three overarching goals of the State Health Plan**

In 2004, the Department began to evaluate the progress toward implementation of the three overall goals of *Healthiest Wisconsin 2010*.

In conjunction with analytical work done at the Wisconsin Public Health and Health Policy Institute (WPHHPI), the Department will set quantitative targets for the two broadest overall health goals – promote and protect the health of all, and eliminate health disparities. WPHHPI researchers Angela Kempf, Paul Peppard, David Kindig and Patrick Remington are developing methods for setting broad state population health objectives that combine two elements: 1) states' recent and future predicted trends in population health measures, and 2) states' health and health improvement progress relative to other states. This process is expected to define objectives that are both achievable and challenging.

Researchers in DHFS are taking primary responsibility for the third overarching goal – evaluation of the transformation of the public health system. Input from many public health partners is needed to complete this evaluation.

Evaluation of the third goal will be a three-step process. First, input will be gathered from an advisory committee about their vision of a transformed public health system. Next will be in-depth, structured interviews of key resource people who have been involved in the transformation. The final step will be a survey distributed to the wider community of public health partners. This survey will gather information about the extent of the transformation for the benefit of partners who may not have been closely involved in the planning, but whose services are vital to the health of Wisconsin residents.

### **Mapping Project: linking *Healthiest Wisconsin 2010* priorities to local community health improvement plans**

Through a survey conducted in April 2004, local health officers throughout Wisconsin reported how local community needs assessments and community health improvement processes are linked to the 16 priorities of *Healthiest Wisconsin 2010*. Maps were created to visually link local and statewide infrastructure and health priorities.

Detailed maps are available for every priority and graphically show the distribution of community health priorities throughout Wisconsin. These maps also provide detail on which objectives from the *Healthiest Wisconsin 2010 Implementation Plan* have been identified for community action. Three of the most frequently identified community





health priorities were 1) tobacco use and exposure; 2) overweight, obesity, and lack of physical activity; and 3) alcohol and other substance use and addiction.

It is not expected that every local health department and its community partners will work on **every** *Healthiest Wisconsin 2010* priority. Rather, local health departments and community partners identified local priorities based on current and emerging needs and threats to health balanced against available resources and local infrastructure capacity. The data are based on local health officers' perceptions and, where available, on local community health improvement plans, community health needs assessments, other departmental sources, and community information.

Uses of the survey data include: 1) increasing communication among and between local health officers, state personnel, community leaders, and community partners, 2) showcasing local health department and community efforts in achieving local priorities, 3) increasing understanding of *Healthiest Wisconsin 2010*, 4) identifying local communities who are working on similar priorities, 5) bringing communities together over common priorities to solve problems and share successes, and 6) identifying local, regional, and statewide resources to help achieve the shared vision of "healthy people in healthy Wisconsin communities."

**Need copies of the maps? Have questions?** Contact your local health officer; or Jacqueline Moss, Bureau of Health Information and Policy, Division of Public Health, DHFS. Telephone: 608-261-9302, e-mail: [mossjp@dhfs.state.wi.us](mailto:mossjp@dhfs.state.wi.us).

## **Internal and external communications plan**

To make the State Health Plan a vital part of the plans and programs of the Department, all DHFS staff must be familiar with the Plan's priorities and goals. From August through October 2004, ten Department employees volunteered to construct an internal communications strategy based on developing a knowledge of the core principles of the State Health Plan, integrating those priorities into staff responsibilities and resources, and actively engaging staff and partners in reflection and review of the Plan. The recommendations of this team were endorsed by Herb Bostrom, Interim Administrator of the Division of Public Health, and the Division's Bureau Directors, who are now developing an implementation plan.

For the State Health Plan to be effective, many public and private partners must be involved in the shared vision and shared responsibility for its implementation. A comprehensive communications concept paper has been drafted to provide a framework for planning, funding, and decision-making based on the Plan's goals and objectives. This communications plan also will help ensure greater consistency in the delivery of services and enable evaluation of the impact and effectiveness of the public health system workforce.



**Wisconsin Public Health Council**

Wisconsin Act 186 (April 2004) created a Public Health Council to advise the Governor, the Legislature, the Department and the public on progress in implementing the State Health Plan as well as the coordination of responses to public health emergencies.

In September 2004, Governor Jim Doyle announced 23 appointments to the Council. The law requires that the Council include representatives of health care consumers, health care providers, health professions educators, local health departments and boards, public safety agencies, and the Public Health Advisory Committee established by the Secretary of the Department.

The chair is Dr. Ayaz Samadani of Beaver Dam. The council will meet every other month in 2005 on the second Friday of the month. The next meeting will be February 11, 2005. All meetings are open to the public. Meeting agendas and minutes will be posted on the Council's Web site (<http://publichealthcouncil.dhfs.wi.gov>) beginning in January 2005.

**Summary of State Health Plan resources and publications**

All of the documents listed below will be available on a single compact disc (CD) in February 2005. The Department's Web site is being reorganized and streamlined with some material moved to the CD. To obtain copies of the CD or Word versions of specific documents, contact Jacqueline Moss after February 2005 by telephone (608-261-9302) or e-mail: [mossjp@dhfs.state.wi.us](mailto:mossjp@dhfs.state.wi.us).

The following are publications and other documents related to the State Health Plan:

*Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public.* April 2002. Wisconsin Department of Health and Family Services (PPH 0276). On the Internet: <http://dhfs.wisconsin.gov/statehealthplan/>

*Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public: Executive Summary.* July 2001. Wisconsin Department of Health and Family Services (PPH 0275). On the Internet: <http://dhfs.wisconsin.gov/statehealthplan/shp-pdf/PPH0275-ExecSumm.pdf>

*Healthiest Wisconsin 2010: An Implementation Plan to Improve the Health of the Public.* 2002. Wisconsin Department of Health and Family Services. On the Internet: <http://dhfs.wisconsin.gov/statehealthplan/Implementation>

*Healthiest Wisconsin 2010: Engaging and Sustaining Selected Community Stakeholders in the Transformation of Wisconsin's Public Health System.* June 2003. Wisconsin Department of Health and Family Services. On the Internet: <http://dhfs.wisconsin.gov/statehealthplan/shp-pdf/StakeholderReport072003.pdf>





*Healthiest Wisconsin 2010: Management Summary* (forthcoming January 2005).

Note: this will be a summary and navigational guide to *Healthiest Wisconsin 2010: An Implementation Plan to Improve the Health of the Public*.

*The Health of Racial and Ethnic Populations in Wisconsin, 1996-2000*. July 2004.

Wisconsin Department of Health and Family Services (PPH 0281). On the Internet:

<http://dhfs.wisconsin.gov/health/minorityhealth/report.htm>

*Healthiest Wisconsin 2010: The Framework to Transform Wisconsin's Public Health System for the 21<sup>st</sup> Century* (18" x 30" poster). April 2004. Wisconsin Department of Health and Family Services (PPH 43036).

**Need copies? Have questions?** Contact: Jacqueline Moss, Bureau of Health Information and Policy, Division of Public Health, DHFS. Telephone: 608-261-9302, or e-mail: [mossjp@dhfs.state.wi.us](mailto:mossjp@dhfs.state.wi.us).

**Send your  
comments or  
questions**

As recognized throughout this report, our many partners provide vital information, suggestions, and ideas to the Department. Sometimes they ask questions that can set into motion creative program ideas. As always, we welcome your feedback. Please address your comments to Margaret Schmelzer, RN, MS, Director of Public Health Nursing and Health Policy, Bureau of Health Information and Policy, Wisconsin Division of Public Health, DHFS. Her e-mail address is [schmemo@dhfs.state.wi.us](mailto:schmemo@dhfs.state.wi.us).

PPH 5072 (12/04)